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REMARKS

The Applicants thank the Examiner for his careful and thoughtful examination of the present application. By way of summary, Claims 1-21 were pending in this application. Claims 1-21 remain pending for consideration.

Rejection Of Claims 1-21 Under 35 U.S.C. § 103

The Office Action rejected Claims 1-5, 8-10, 12, 13, 15, 17-19, and 21 under 35 U.S.C. § 103(a) as unpatentable over U.S. patent no. 5,561,446, issued to Montlick, (the Montlick patent) in view of U.S. patent no. 6,485,415, issued to Uchiyama, et al., (the Uchiyama patent). The Office Action also rejected Claims 6, 7, 11, 14, 16, and 20 under 35 U.S.C. § 103(a) as being unpatentable over Montlick and Uchiyama in view of U.S. patent no. 6,199,099 to Gershman, et al. (the Gershman patent). The Applicants respectfully traverse this rejection because the Montlick patent, alone or in combination with the Uchiyama patent and the Gershman patent fails to teach or suggest the elements of the claims. See M.P.E.P. § 2143 (stating that in order to establish a prima facie case of obviousness for a claim, the prior art references must teach or suggest all the claim limitations).

Claims 1-8

Claim 1 includes: generating a set of codes each corresponding to respective healthcare data, the healthcare data including a plurality of medical diagnoses each of which corresponds to at least one code; storing the set of codes and the medical diagnoses in a memory of a portable terminal; displaying at least some of the set of codes and at least some of the medical diagnoses on a display of the portable terminal; detecting selection by a user of at least one code corresponding to a medical diagnosis relevant to a patient; and wirelessly transmitting the selected at least one code from the portable terminal to a server system via a first network capable of providing communication between the portable terminal and the server system, wherein said wirelessly transmitting causes the healthcare data corresponding to the code to be provided to a medical patient via a second network capable of providing communication between the server system and a patient accessible device.

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The Montlick and Uchiyama references fail to disclose or suggest, inter alia, wirelessly transmitting the selected at least one code from the portable terminal to a server system via a first network capable of providing communication between the portable terminal and the server system, wherein said wirelessly transmitting causes the healthcare data corresponding to the code to be provided to a medical patient via a second network capable of providing communication between the server system and a patient accessible device.

For example, neither Montlick nor Uchiyama teaches or suggests causing healthcare data to be provided to a medical patient via a second network. Montlick merely teaches "a portable pen-based computer which is coupled by a wireless network to a host computer which supplies the portable computer with data and with forms such that data and drawings can be entered by a stylus on the forms and stored in the host computer." Montlick, column 1, lines 12-17. Nowhere does Montlick teach or suggest causing healthcare data to be provided to a medical patient via a second network, as claimed. Montlick explains at column 3, line 60 through column 4, line 9, (emphasis added):

The primary application contemplated by the invention is in the field of health care where a wireless network is deployed throughout an office or hospital, for example, and *physicians and nurses have access to patient records* and other information through the wireless pen-based computers. . . . *Physicians and nurses can access forms* for a particular patient by selecting the name of the patient from a menu provided to the pen-based computers by the central computer system. . . . [F]orms which already contain information on the selected patient *may be recalled and viewed by the physician or nurse* using the pen-based computer.

Montlick's system and method are directed to eliminating the need for collect data with paper and pen. Montlick, column 11, lines 34-37 ("By implementing the method of the invention . . . the need to collect data with paper and pen is virtually eliminated."). However, nowhere does Montlick teach or suggest causing healthcare data to be provided to a medical patient, as claimed.

Uchiyama similarly fails to teach or suggest causing healthcare data to be provided to a medical patient via a second network. At column 4, lines 5-67,

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Uchiyama describes (emphasis added) "a medical monitoring system mounted on a driver's seat of a bus *for monitoring the health of a bus driver* M1 on duty." Uchiyama does not teach or suggest sending healthcare data to the bus driver, or causing healthcare data to be provided to a medical patient via a second network.

Uchiyama merely describes with reference to Figure 2, a system that receives electrocardiogram data related to an electrocardiogram of a bus driver and an identification code that identifies the name of the bus driver, column 4, lines 47-56, "the determining device 11 [] conducts a diagnosis on the health of the driver", *id.*, and then, if further examination is necessary, the system then *receives* additional information from the bus driver, such as "visual information such as a picture of the face of the driver . . . and audio information, namely the voice of the driver"

Nowhere does Uchiyama teach or suggest causing healthcare data to be provided to a medical patient via a second network, as claimed. Uchiyama explains at column 5, lines 10-30 that in some cases messages, such as a message to stop driving the bus immediately, or a message to urge the driver to have his condition diagnosed and treated at a medical facility, can be provided to the bus driver; however, these messages are not "healthcare data including a plurality of medical diagnoses each of which corresponds to at least one code," as claimed.

Therefore, even if Montlick and Uchiyama were combined, the combination would still fail to teach all of the features of Claim 1. Therefore, for at least this reason, Claim 1 is patentable over the cited art.

In addition, there is no motivation provided to combine the Montlick and Uchiyama references. For example, Montlick is directed to a medical form retrieval system, used in a clinical environment, and provides no indication that such system would be desirable in situation where "a subject to be diagnosed is located outside medical facilities," as contemplated by Uchiyama at column 1, lines 2-4. Similarly, there is no motivation provided by Uchiyama to employ the Uchiyama system or method in a medical environment as described by Montlick. See id. Finally, there is no indication that one would expect to be able to successfully combine the reference teachings, even if so desired.

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Therefore, for all these reasons, Claim 1 is patentable over the cited art. Claims 2-8, which depend from Claim 1, are patentable for at least the same reasons articulated above with respect to Claim 1, and because of the additional features recited therein. Therefore, Applicants respectfully request allowance of Claims 1-8.

Claims 9-11

Claim 9 includes: a portable terminal to communicate wirelessly with a server system via a first, wireless network; a memory, associated with the portable terminal, to store a set of codes and medical diagnoses, each code corresponding to a medical diagnosis relating to healthcare data; a display to display the set of codes and the medical diagnoses; and a selector operable by a user to select desired codes of the set of codes for transmission to the server system, the desired codes identifying a medical condition, wherein transmission of the desired codes causes corresponding healthcare data to be provided to a medical patient via a second network, wherein the second network is adapted to provide communication between the server system and a patient accessible device.

For at least the same reasons described above, the Montlick and Uchiyama references alone or together fail to disclose or suggest; inter alia, apparatus for communicating healthcare information wherein transmission of the desired codes causes corresponding healthcare data to be provided to a medical patient via a second network, wherein the second network is adapted to provide communication between the server system and a patient accessible device.

At least because the references cited by the Examiner do not disclose, teach or suggest all of the features of Claim 9, Claim 9 is not obvious in view of the Montlick and Uchiyama references. Furthermore, there is no motivation to combine the cited references, and there is no indication of likelihood of success in doing so. The Applicants therefore respectfully submit that Claim 9 is patentably distinguished over the cited references and the Applicants respectfully request allowance of Claim 9.

Claims 10 and 11, which depend from Claim 9, are patentable for at least the same reasons articulated above with respect to Claim 9, and because of the

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additional features recited therein. Therefore, Applicants respectfully request allowance of Claims 10 and 11 as well.

Claims 12-17

Claim 12 includes: at least one portable terminal to communicate wirelessly with a gateway device via a first, wireless network, the portable terminal including: a memory associated therewith for storing a set of codes and medical diagnoses, each code corresponding to respective healthcare data including medical diagnoses; a display for displaying the set of codes and the medical diagnoses, each code identifying a medical diagnosis; and a selector operable by a first user to select a medical diagnosis for transmission as a corresponding code to the recipient; and a first server to communicate with the gateway device and to communicate healthcare information to a second user via a second network, wherein the healthcare information is related to the corresponding code; wherein the gateway device is capable of facilitating communication between said at least one portable terminal and the first server.

For at least the same reasons described above, the Montlick and Uchiyama references alone or together fail to disclose or suggest, inter alia, a selector operable by a first user to select a medical diagnosis for transmission as a corresponding code to the recipient, and a first server to communicate with the gateway device and to communicate healthcare information to a second user via a second network, wherein the healthcare information is related to the corresponding code; wherein the gateway device is capable of facilitating communication between said at least one portable terminal and the first server.

For example, neither Montlick nor Uchiyama teach or suggest a selector operable by a first user, and a first server to communicate healthcare information to a second user via a second network. In both Montlick and Uchiyama, there is no second user.

At least because the references cited by the Examiner do not disclose, teach or suggest all of the features of Claim 12, Claim 12 is not obvious in view of the Montlick and Uchiyama references. Furthermore, there is no motivation to combine

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the cited references, and there is no indication of likelihood of success in doing so. The Applicants therefore respectfully submit that Claim 12 is patentably distinguished over the cited references and the Applicants respectfully request allowance of Claim 12.

Claims 13-17, which depend from Claim 12, are patentable for at least the same reasons articulated above with respect to Claim 12, and because of the additional features recited therein. Therefore, Applicants respectfully request allowance of Claims 13-17 as well.

Claims 18-20

Claim 18 includes: a gateway device to communicate wirelessly with at least one portable terminal via a first, wireless network and with a first server, to receive codes from said at least one portable terminal selected from a set of codes each corresponding to respective healthcare data, and to transmit healthcare information corresponding to the received codes to the first server; and a first server to communicate with the gateway device, to receive the healthcare information from the gateway device and to communicate the healthcare information to a patient on which diagnosis was performed via a second network, wherein the second network is capable of providing communication between the first server and a patient accessible device.

For at least the same reasons described above, the Montlick and Uchiyama references alone or together fail to disclose or suggest, inter alia, a first server to communicate with the gateway device, to receive the healthcare information from the gateway device and to communicate healthcare information corresponding to received codes to a patient on which diagnosis was performed via a second network, wherein the second network is capable of providing communication between the first server and a patient accessible device.

At least because the references cited by the Examiner do not disclose, teach or suggest all of the features of Claim 18, Claim 18 is not obvious in view of the Montlick and Uchiyama references. Furthermore, there is no motivation to combine the cited references, and there is no indication of likelihood of success in doing so.

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The Applicants therefore respectfully submit that Claim 18 is patentably distinguished over the cited references and the Applicants respectfully request allowance of Claim 18.

Claims 19 and 20, which depend from Claim 18, are patentable for at least the same reasons articulated above with respect to Claim 18, and because of the additional features recited therein. Therefore, Applicants respectfully request allowance of Claims 19 and 20 as well.

Claim 21

Claim 21 includes generating a display of a set of codes and medical diagnoses on a portable terminal, each code corresponding to respective healthcare data, the healthcare data including the medical diagnoses, each of which corresponds to at least one code; detecting selection of at least one code corresponding to healthcare data relevant to a patient; and wirelessly transmitting the selected at least one code to a server system via a first network capable of providing communication between the portable terminal and a server system, wherein said wirelessly transmitting causes at least some of the healthcare data to be provided to the patient via a second network capable of providing communication between the server system and a patient accessible device.

For at least the same reasons described above, the Montlick and Uchiyama references alone or together fail to disclose or suggest, inter alia, wirelessly transmitting the selected at least one code to a server system via a first network capable of providing communication between the portable terminal and a server system, wherein said wirelessly transmitting causes at least some of the healthcare data to be provided to the patient via a second network capable of providing communication between the server system and a patient accessible device.

At least because the references cited by the Examiner do not disclose, teach or suggest all of the features of Claim 21, Claim 21 is not obvious in view of the Montlick and Uchiyama references. Furthermore, there is no motivation to combine the cited references, and there is no indication of likelihood of success in doing so. The Applicants therefore respectfully submit that Claim 21 is patentably distinguished

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over the cited references and the Applicants respectfully request allowance of Claim 21.

Request For Telephone Interview

In view of the forgoing, the present application is believed to be in condition for allowance, and such allowance is respectfully requested. If further issues remain to be resolved, the Applicants' undersigned attorney of record hereby formally requests a telephone interview with the Examiner. The Applicants' attorney can be reached at (949) 721-7608 or at the number listed below.

Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.

Respectfully submitted,

KNOBBE, MARTENS, OLSON & BEAR, LLP

Dated: August 2, 2006

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